

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH				State File No. <u>2558</u> Registered No. <u>2558</u>
1. PLACE OF BIRTH				
County <u>Gila</u>		State <u>Arizona</u>		
District or Township <u>Miami</u>		or Village _____		
City <u>Miami</u>		No. <u>Red Springs Canyon</u>		St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)				
2. Full name of child <u>Andy Vuksanovich</u>				
(If child is not yet named, make supplemental report, as directed.)				
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. <u>5. No., in order of birth</u>	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Dec. 14, 1914</u> Month _____ Day _____ Year _____
8. FATHER		14. MOTHER		
Full name <u>John Vuksanovich</u>		Full maiden name <u>Milena Vavich</u>		
9. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Juga-Slavia</u> If non-resident, give place and state.		
10. Color or race <u>Juga-Slavian</u>	11. Age at last birthday <u>About 40</u> (Years)	16. Color or race <u>Juga-Slavian</u>	17. Age at last birthday <u>About 35</u> (Years)	
12. Birthplace (city or place) <u>Pertovacia</u> (State or country) <u>Juga-Slavia</u>		18. Birthplace (city or place) <u>Juga-Slavia</u> (State or country) <u>Juga-Slavia</u>		
13. Occupation <u>Butcher</u> Nature of industry _____		19. Occupation <u>None</u> Nature of industry <u>Housewife</u>		
20. Number of children of this mother <u>one</u> (Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>one</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated. (Born alive or stillborn)				
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report _____ Month, day, year _____		Signature <u>Jorgina Puria</u> (Physician or midwife)		
		Address <u>1088-1214-HSS</u> Filed <u>Dec 14, 1914</u> Registrar <u>1922</u>		